



TAMIL NADU GOVERNMENT GAZETTE

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TAMIL NADU STATE MENTAL HEALTH AUTHORITY, CHENNAI-10.

Minimum Standards for De-addiction Centres in Tamil Nadu.

(Ref.No.306/A3/SMHA/2024)

No. SRO C - 9/2025.

These regulations may be called the Tamil Nadu State Mental Healthcare Minimum Standards for De-addiction Centres regulations 2025.

The following Minimum Standards relating to the administration of De-addiction Centres in Tamil Nadu are framed under section 123 of the Mental Healthcare Act 2017.

Registration:

1. De-addiction Centres should be registered with the State Mental Health Authority (SMHA) under Section 65 of the Mental Healthcare Act 2017.

Admission procedure:

2. A person with Substance Use Disorder (SUD) can be admitted in a De-addiction Centre only after evaluation by a Psychiatrist (Form A). The Psychiatrist should decide about the treatment either in Outpatient or Inpatient setting. If the person requires inpatient care, then decide whether detoxification treatment or inpatient rehabilitation treatment. If the person requires inpatient detoxification treatment, then the person can be admitted only in a De-addiction Centre approved for detoxification treatment. A person with Substance Use Disorder can be admitted to or transferred to the rehabilitation Centre only after getting approval from a Psychiatrist.

3. Admissions in a De-addiction Centre should be made by a Registered Medical Practitioner with the consent of the person (Form B) or when the dependence to the substance is severe to the level of impairing the capacity of the person to take treatment decisions, and there is a risk of harm to himself due to continuous and excessive substance use, such person can be admitted under section 89 of the Mental Healthcare Act 2017 (Form C). Such admission under sec eighty-nine must be intimated to the Mental Health Review Board.

De-addiction Services includes Detoxification and Rehabilitation

4. **Detoxification treatment** is a medical intervention that manages an individual safely through the process of acute withdrawal. The first week of acute withdrawal requires emergency medical management of life-threatening intoxication and related medical problems.

5. **Rehabilitation treatment** involves a constellation of on-going therapeutic services intended to promote the recovery for substance abuse patients, designed to resolve the longstanding psychological, social, and behavioral problems associated with alcohol and drug abuse.

6. **Categories: De-addiction Centres are categorised into two:**

i) Comprehensive De-addiction Centres.

ii) Rehabilitation Centres for persons with Substance Use Disorders (SUD)

i) **Comprehensive De-addiction Centres.**

Comprehensive De-addiction Centres in Tamil Nadu is the approved Centre for Detoxification treatment. De-addiction services in these Centres include Detoxification treatment and Rehabilitation care. These De-addiction Centres attached to General Hospital, Psychiatric Hospital, Medical College Hospital, and standalone De-addiction Centres will be categorised under Comprehensive De-addiction Centres and registered accordingly.

The Hospitals registered under Clinical Establishment Act, providing acute medical care can provide detoxification treatment for Substance Use Disorders with consultation by a Psychiatrist.

ii) **Rehabilitation Centres for persons with SUD.**

These Centres provide psychosocial intervention to reduce relapse following detoxification and treatment of acute medical conditions. When a patient requiring such acute medical care attends a rehabilitation Centre directly, he/she should be provided First aid and referred to a medical facility immediately. When a person in a rehabilitation Centre develops medical / psychiatric emergencies, he / she shall be shifted to a medical care facility without delay. The list of rehabilitation services being provided by the rehabilitation Centre should be displayed prominently.

MINIMUM STANDARDS:**7. Comprehensive De-addiction Centres:**

Comprehensive De-addiction Centres should have medical facilities to manage acute withdrawal state and medical complications developing during the detoxification period. In case, any severe medical emergency arises, the patient shall be shifted from the Centre to Intensive Medical Care Facility (IMCU) or to a nearby hospital with IMCU. One Psychiatrist must examine all inpatients on the day of admission and review daily during the initial detoxification phase. Following detoxification phase, Psychiatrist shall decide the frequency of review psychiatric consultation, based on the clinical condition of each patient.

Human Resource and Equipment:

8. One qualified Medical Practitioner with minimum MBBS Qualification should examine all the patients daily and be available on call 24x7.
9. One registered staff nurse should be present round the clock for every thirty beds.
10. One Attendant should be available for every twenty beds per shift.
11. One Social Worker per Centre, for upto fifty beds, shall be available to provide psychosocial interventions daily.
12. One Psychologist (M.Sc., Psychology, or its equivalent degree) for upto fifty beds shall be available to provide counselling.
13. The list of equipment which shall be available in a Comprehensive De-addiction Centre is given in Form D.

Rehabilitation Centres for Persons with SUD:**Human Resource and equipment**

14. One Psychiatrist shall visit the Centre at least once a week to provide Psychiatric consultation.
15. One qualified medical practitioner with MBBS Qualification shall visit the Centre to examine all patients daily.
16. One registered nurse for upto fifty beds shall be present on all days round the clock.
17. One Social Worker for upto fifty beds shall be available to provide psychosocial interventions daily.
18. One Psychologist for every fifty patients shall be available to provide counselling
19. One Attendant for every twenty patients round the clock and there should be only female attendants for female patients.
20. The list of equipment which shall be available is given in Form E.

Minimum Standards common for both Comprehensive De-addiction Centre and Rehabilitation Centre for persons with SUD.**Other Infrastructure:**

21. Appropriate certificates from concerned authorities needed for public building to be obtained.
22. There shall be separate accommodation for female and male patients.
23. Separate cots, mattresses, pillows, and bed linen shall be provided for each patient.
24. Each Centre shall have a nursing station with facilities for storing drugs, linen and safe keeping of patients' records.
25. There shall be a minimum of one metre distance between the cots.
26. Each patient shall be provided with a locker to store personal belongings.
27. There shall be adequate number of bathrooms and toilets for every ten patients.
28. Each Centre shall have safe electric connection and adequate lighting. Adequate number of fans and lights shall be provided.
29. Facilities for recreation such as radio, television and indoor games shall be made available in the Centre.
30. There shall be adequate and proper ventilation and safe drinking water supply.
31. There should be adequate space for recreation, group therapy etc.

Sanitation:

32. Every patient should be provided with a toiletry kit.
33. Cleaning of the premises should be done daily.
34. Adequate availability of water for wash basins, bathrooms, and toilets should be ensured.

- 35. Periodic pest control should be done and fixing of wire meshes/mosquito nets on all doors and windows should be provided.
- 36. Cleaning and changing the linen should be done daily.
- 37. Adequate arrangements for safe disposal of biomedical waste should be made.

Staff:

- 38. The minimum qualifications for the personnel engaged in the De-addiction Centre will be, qualified Medical Practitioner (MBBS), Psychiatrist (DPM or MD or DNB Psychiatry), Social Worker (MSW-Medical and Psychiatric), Psychologist (M.Sc., Psychology or its equivalent degree), Registered Staff Nurse (Degree or Diploma in Nursing).
- 39. Minimum Wages Act shall be followed.

Food and Drinking water:

- 40. Food safety norms should be followed, and food safety certificate should be obtained.
- 41. Food shall be served in a respectable and comfortable manner.

Medical records:

- 42. Admissions register.
- 43. Nominal register of the patients.
- 44. Treatment register (case sheet). The records shall be maintained in paper and shall be preserved for a period of five years. Form-F Annexed.
- 45. Drug register.
- 46. Injuries register.
- 47. Patient weight monitoring register.
- 48. Physical restraints register.
- 49. Absconded patients register.
- 50. Emergency call register attended by the Psychiatrist.
- 51. Dangerously ill / seriously ill patient register.
- 52. Attendance registers for all the staffs.
- 53. Inventory register (Stock register)
- 54. Discharge register.
- 55. Deaths register.
- 56. Visitor register.
- 57. Grievance/Feedback register.

CCTV monitoring:

- 58. CCTV cameras should be installed in entrance, exit, shared areas, dining hall and common wards.
- 59. Digital video recordings of CCTV cameras should be preserved and retrievable for a minimum period of 1 month.

Human rights and dignity of the persons should be respected:

- 60. There shall not be any physical, mental, sexual abuse or violence.
- 61. Physical restraint to be used if it is the only means available to prevent imminent and immediate harm to the person concerned or to others and it should be approved by the Psychiatrist and the circumstances, duration of restraint shall be recorded in the case sheet and a separate register kept for the purpose.
- 62. The family member / nominated representative of the person shall be informed about every instance of restraint within a period of twenty-four hours.
- 63. Remuneration should be paid for the work given to the patients, who shall be engaged, only with consent.
- 64. The inpatients should have the freedom to meet their family any day during the visiting hours.
- 65. The inpatients should be discharged on request any time after the admission to a Centre.
- 66. The role of family and patient should be given due importance in the treatment plan.
- 67. The list of services to be provided in these Centres should be prominently displayed.
- 68. The Centres should provide mechanism for grievance redressal.

Form A
CERTIFICATE BY A PSYCHIATRIST PRIOR TO ADMISSION

I Dr _____, a Psychiatrist, have examined Mr./Ms. _____
residing at _____ on _____ with a
request for admission in a comprehensive De-addiction Centre/Rehabilitation Centre

(Name, address and
registration number of the Centre) by the individual/Nominated representative

Namely _____

The said person has the following history and examination findings.

Based on the history and examination, a diagnosis of _____ is
made and the person requires

- 1) Inpatient De-addiction Treatment
- 2) Outpatient De-addiction treatment

And if inpatient treatment is required, it is recommended that the person is admitted in a

- 1) Comprehensive De-addiction Centre OR
- 2) Rehabilitation Centre

Further treatment shall be ensured by the Medical Officer in charge of the De-addiction Centre. This Certificate is valid for twenty-four hours only for authorizing admission to a De-addiction Centre.

Date _____ Time _____

N.B.: Please strike off those which are not required.

Signature.

Name of the Psychiatrist and
Seal with State Medical Council
registration Number

Form-B**REQUEST FOR INDEPENDENT ADMISSION**

To,

The Medical Officer in-charge

Sir/Madam,

I, Mr./Mrs. _____ age _____ son/daughter of _____, residing at _____ I have Alcohol/Drug Abuse problem with following symptoms since _____

1. _____
2. _____
3. _____

The following papers related to my problems as available with me are enclosed:

1. _____
2. _____
3. _____

I request that I may be admitted as an independent patient in your establishment for treatment. A self-attested copy of my Identity Proof is enclosed.

Address

Signature

Date

Name

Enclosures

N.B.: Please strike off those which are not required.

Form-C**REQUEST FOR ADMISSION WITH HIGH SUPPORT NEEDS
(Under section 89 of Mental Healthcare Act 2017)**

To,

The Medical Officer in-charge

Sir/Madam,

I, Mr./Mrs. _____ residing at _____,
_____, nominated representative of Mr./Mrs. _____
aged _____ son/daughter of _____ request for his/her admission in your
establishment for treatment of alcohol/drug abuse.

Mr./Mrs. is having the following symptoms since _____.

1. _____
2. _____
3. _____

The following papers regarding my appointment as nominated representative and related to his/her illness are enclosed:

1. _____
2. _____
3. _____

Kindly admit him/her in your establishment as patient with high support needs.

Name

Address

Mobile and E-mail

Signature and Date

N.B.: -Please strike off those which are not required.

Form D**List of Equipment in a Comprehensive De-addiction Centre****1. Patient Monitoring Equipment**

- a. Vital signs monitor (to track heart rate, BP, Oxygen saturation, and temperature).
- b. Electrocardiogram (ECG) machine.
- c. Pulse oximeters to monitor blood oxygen levels.

2. Emergency Equipment

- a. Crash cart stocked with emergency drugs.
- b. Oxygen cylinders and masks for respiratory support.
- c. Suction devices to clear airways.
- d. Ambu bags.
- e. Emergency intravenous (IV) setup kits, including cannulas, tubing, and fluids.

3. IV and Medication Administration Supplies

- a. IV fluids (e.g., Normal Saline, Ringer's lactate, Dextrose Normal Saline, 5% Dextrose) for dehydration or nutritional support with IV sets.
- b. Syringes and needles for medication administration.
- c. Medication storage with secure refrigeration for temperature-sensitive drugs.

4. Diagnostic Equipment

- a. Blood glucose monitors.
- b. Point of care laboratory tests OR linkage to a laboratory.

5. Neurological and Physical Assessment Tools

- a. Reflex hammers for neurological evaluations.
- b. Penlights for pupil assessment.
- c. Thermometers (digital or infrared)

6. Basic Medical Equipment

- a. Examination beds and recliners for patient comfort.
- b. Blood pressure apparatus.
- c. Stethoscopes, Weighing scale.

7. Supplies for Infection Control

- a. Gloves, masks, and gowns for infection prevention.
- b. Hand sanitizers and disinfectants for hygiene.
- c. Biohazard disposal bins for medical waste.

8. Nutritional Support Equipment

- a. Feeding tubes (Ryles tube).
- b. Multivitamins, Thiamine, B complex etc.

9. Comfort and Safety Equipment

- a. Bed rails to prevent falls during seizures or delirium tremens.
- b. Wheelchairs or stretchers for patient mobility and transport.

Form E**List of Equipment in a Rehabilitation Centre for persons with SUD**

1. Vital signs monitor.
2. Emergency drugs
3. Intravenous (IV) setup kits, including cannulas, tubing, and fluids.
4. Blood pressure Apparatus
5. Stethoscopes
6. Blood glucose monitors
7. Weighing scales
8. Wheelchairs or stretchers

Form - F**1. Basic Medical Record**

a) Name of the Mental Health Establishment and Doctor :

b) Date :

c) Hospital registration number :

d) Patient's Name :

e) Age: Sex:

f) Father's/Mother's name:

Address:

Mobile No:

g) Patient accompanied by (Name, age, and nature of relationship):

h) Identification marks:

i) Family member / Nominated representative:

j) Advanced Directive - Yes or No, If yes salient features of the content:

k) Authorization by a Psychiatrist

I) Date of admission: _____ Date of discharge: _____

m) Mode of admission (section under Mental Healthcare Act, 2017): Independent / Supported,

n) Chief complaints:

o) Summary of Medical Examination Laboratory investigations:

p) Salient behavioural observations:

q) Psychological Assessment Report:

r) Provisional/differential/final diagnosis:

- s) Course in the hospital (Treatment and progress):

- t) Condition at discharge or discharge at request or leave against medical advice or person absconding or others:

- u) Treatment advice at discharge:

- v) Follow-up recommendations:

Signature of Medical Officer

Chennai-600 010,
6th March 2025.

M. MALAIAPPAN,
Chief Executive Officer (FAC),
Tamil Nadu State Mental Health Authority.